

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED

2015 JAN 30 AM 9:55  
Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5 REC MAIL CENTER

R E S O U N D I N G B O O K S P A C

ADDRESS (number and street)

1 2 1 3 N S h e r m a n A v e

Check if different  
than previously  
reported. (ACC)

# 3 5 6

M a d i s o n W I 5 3 7 0 4 -

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00541631

3. IS THIS  
REPORT

NEW  
(N) OR

AMENDED  
(A)

4. TYPE OF REPORT  
(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)

July 15  
Quarterly Report (Q2)

October 15  
Quarterly Report (Q3)

January 31  
Year-End Report (YE)

July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)

Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day

Primary (12P)

General (12G)

Runoff (12R)

PRE-Election

Report for the:

Convention (12C)

Special (12S)

M M / D D / Y Y Y Y

Election on

in the  
State of

W I

(d) 30-Day

POST-Election

■

General (30G)

Runoff (30R)

Special (30S)

Report for the:

M M / D D / Y Y Y Y

Election on

11

02

2014

in the  
State of

W I

5. Covering Period

M M / D D / Y Y Y Y  
10 01 2014

through

M M / D D / Y Y Y Y  
11 24 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Kirsten E. Lombard

Signature of Treasurer

*Kirsten E. Lombard*

Date

M M / D D / Y Y Y Y  
1 28 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

FEC FORM 3X  
Rev. 12/2004